Maine Department of Education Permanent Individual Student Health Record

Order Form

Name/Title:	
School/District:	
Phone #	
	2016-17, etc.) (required) ow many records, if any, are being used for a Pre-K program)
Name(s) of School(s) f	or whom records will be used:*
Kindergarten enrollment qualify for health records	for schools with a Kindergarten enrollment—you may order 2X the for each school for whom you are ordering. Upper grade schools do not s.** If you feel you need more than the 2X Kindergarten enrollment, at the number or e-mail listed below).
Permanent Individual Stu	
Quantity X \$.40	
Quantity X \$.30	= (If picked up in person)
Total amount due	
Please make check payable	e to "Treasurer, State of Maine" and mail this form along with check or P.O. to:
23 State Ho	e 04333-0023 694

** As a rule, transferring students should be followed by their health records. If they are not, and you need to start a new record for a transfer student, you should request a Health Record folder from your local Kindergarten-level school. For more information, contact Ann Marin at 624-6694 or ann.marin@maine.gov

e-mail: ann.marin@maine.gov